



PAT MCCRORY

Governor

DONALD R. VAN DER VART Secretary

MICHAEL SCOTT

Acting Director

	19
I am the owner of the property located at $\frac{279}{2000}$ South am authorized to complete this form.	side Ch. Rd, Lincolnton, and I
PLEASE CHECK <u>ONE</u> OF THE FOLLOWING	
YES, I grant the Division of Waste Management and/o property and collect samples (as described below) from m	
NO, I do not grant the Division of Waste Management amy property and collect samples from my property.	and/or its contractors permission to access
Proposed samples that may be collected from my property	include the following:
Potable Well - Does your well have a treatment sys	tem? (Yes/No)
Soil	
Groundwater	
X Other (Include Description) <u>Crawl Space and/or</u>	Basement Air Samples
Analyses: X VOCs SVOCs Metal	sPesticides Other
MARY BRIDGES	(980) 429- 2255
(Time name)	(980) 429- 2255 (Telephone Number)
Mary Bridges (Signature)	(Date) 04/14/2016
Please return a completed form by April 15, 2016 by using envelope and sending it to the address below or by fax to (7)	the self-addressed and postage-paid
George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115	
NCN000410439	



NCN000410439



DONALD R. VAN DER VART Secretary

MICHAEL SCOTT

Acting Director

I am the owner of the property located at am authorized to complete this form.	1904 southside Rd	_, and I
PLEASE CHECK ONE OF THE FOLLOWING	LINCOLOGON, M.C. 28092	
YES, I grant the Division of Waste Manageroperty and collect samples (as described	gement and/or its contractors permission to access below) from my property.	s my
NO, I do not grant the Division of Waste my property and collect samples from my pro	Management and/or its contractors permission to a operty.	access
Proposed samples that may be collected fro	m my property include the following:	
$\underline{\chi}$ Potable Well - Does your well have a	treatment system? (Yes/No)No	
X Soil		
X Groundwater		
X Other (Include Description) Crawl S	Space and/or Basement Air Samples	
Analyses: X_VOCsSVOCs	Metals Pesticides Other	
Douglas W Whitesides	704-745-8142 (Telephone Number)	
(Print Name)	(Telephone Number)	
(Signature)	(Date) +- 12-16	
(Signature)	(Date)	
Please return a completed form by April 15, envelope and sending it to the address below	2016 by using the self-addressed and postage-paid w or by fax to (704) 663-6040.	1
George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115		



APR 1 8 2016

PAT MCCRORY

Governor

DONALD R. VAN DER VART

Secretary

MRO-IHSB

MICHAEL SCOTT

Acting Director

	26792
I am the owner of the property located at $\frac{297 \text{ South Fo}}{\text{am}}$ authorized to complete this form.	ork Rd. Lincolnton, M.C. , and I
PLEASE CHECK ONE OF THE FOLLOWING	
YES, I grant the Division of Waste Management and/or property and collect samples (as described below) from my	
MO, I do not grant the Division of Waste Management army property and collect samples from my property.	nd/or its contractors permission to access
Proposed samples that may be collected from my property in	nclude the following:
Potable Well - Does your well have a treatment system	em? (Yes/No)
Soil	
Groundwater	
X Other (Include Description) <u>Crawl Space and/or Bar</u>	asement Air Samples
Analyses: X VOCs SVOCs Metals	Pesticides Other
Jerry W. Snyder (Print Name)	980-429-2176
(Print Name)	(Telephone Number)
John March	1 14 - 2011
(Signature)	<u>4 - 14 - 2016</u> (Date)
Please return a completed form by April 15, 2016 by using t envelope and sending it to the address below or by fax to (70	
George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115	
NCN000410439	



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PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

PAT MCCRORY

DONALD R. VAN DER VART
Secretary

Secretary

MICHAEL SCOTT

Acting Director

MRO - IHSB

I am the owner of the property located at 266 am authorized to complete this form.	South Fork Rd, and		
PLEASE CHECK <u>ONE</u> OF THE FOLLOWING			
YES, I grant the Division of Waste Management arproperty and collect samples (as described below) fro			
NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.			
Proposed samples that may be collected from my prop	perty include the following:		
Potable Well - Does your well have a treatmen	t system? (Yes/No)		
Soil			
Groundwater			
X Other (Include Description) Crawl Space and	/or Basement Air Samples		
Analyses: X VOCs SVOCs N	letalsPesticides Other		
MicHAEL Fotings	704-840-7318		
(Print Name)	(Telephone Number)		
mal Al	(Date) 4/11/16		
(Signature)	(Date)		

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115

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PAT MCCRORY

DONALD R. VAN DER VART

MRO - IHSB

MICHAEL SCOTT

Acting Director

am authorized to complete this form.	RN LINSOLNTON NC, and I	
PLEASE CHECK ONE OF THE FOLLOWING		
YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.		
NO, I do not grant the Division of Waste Management and, my property and collect samples from my property.	or its contractors permission to access	
Proposed samples that may be collected from my property incl	lude the following:	
Potable Well - Does your well have a treatment system	? (Yes/No)	
Soil		
Groundwater		
X Other (Include Description) Crawl Space and/or Base	ement Air Samples	
Analyses: X_VOCsSVOCsMetals	Pesticides Other	
WALTER SHRUM JR. (Print Name)	フダ4 - 472 - 8822 (Telephone Number)	
WALTER SHRUM JR.	<u> 784 - 472 - 8822</u> (Telephone Number)	
WALTER SHRUM JR.	704-472-8822	
WALTER SHRUM JR. (Print Name)	(Telephone Number) (Date) (Date)	
WALTER SHRUM JR. (Print Name) (Signature) Please return a completed form by April 15, 2016 by using the	(Telephone Number) (Date) (Date)	



PAT MCCRORY

DONALD R. VAN DER VART Secretary

MICHAEL SCOTT

Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 277 Social am authorized to complete this form. PLEASE CHECK ONE OF THE FOLLOWING	wth FORK Rd, and I
YES, I grant the Division of Waste Management and/or its or property and collect samples (as described below) from my pro	
NO, I do not grant the Division of Waste Management and/my property and collect samples from my property.	or its contractors permission to access
Proposed samples that may be collected from my property included in the second	Yes/No)
Analyses: X VOCs SVOCs Metals (Print Name) (Signature)	PesticidesOther 704-735-34/8 (Telephone Number) (Date)

Please return a completed form by **April 15, 2016** by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115

NCN000410439

AN Salar, M.





APR 1 1 2016

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DONALD R. VAN DER VART

MICHAEL SCOTT Acting Director

MRO - IHSB

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the own	er of the propert	y located at <u>Al</u> is form.	3 Bynur	n Rd Lincolnton, and I
	CK <u>one</u> of the f			700
YES, I gra	ant the Division o	of Waste Managem	ent and/or its	contractors permission to access my
property and	collect samples	(as described belo	w) from my pr	operty.
NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.				
Pota Soil Grou	ble Well - Does y	our well have a trea	atment system	lude the following: ? (Yes/No) ement Air Samples
Analyses:	X_V0Cs	SVOCs	Metals	Pesticides Other
ROBI	n House	SER		704 - 745-7074 (Telephone Number)
(Print Name)		Louser		(Date)
(Signature)				(Date)
		rm by April 15, 20 1 e address below or		e self-addressed and postage-paid

George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115

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DONALD R. VAN DER VART

PAT MCCRORY

Secretary

Governor



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MRO - IHSB

MICHAEL SCOTT Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at $\frac{195, (97, 20)}{264, 298}$ am authorized to complete this form.	5,207,214 242 , and I
PLEASE CHECK ONE OF THE FOLLOWING Linco laton	NC 28092
YES, I grant the Division of Waste Management and/or its	
property and collect samples (as described below) from my pro	
NO, I do not grant the Division of Waste Management and	or its contractors permission to access
my property and collect samples from my property.	
Proposed samples that may be collected from my property incl Potable Well - Does your well have a treatment system' Soil Groundwater X Other (Include Description) Crawl Space and/or Base	? (Yes/No)
Analyses: X VOCs SVOCs Metals	Pesticides Other
	704 735-3593 (Telephone Number)
(Signature)	(Date) 4/5/16

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115

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Mooresville, NC 28115

NCN000410439

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DONALD R. VAN DER VART

MICHAEL SCOTT Acting Director

MRO - IHSB PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

938 Southside Rd., Lincolnton, N.C., and I I am the owner of the property located at am authorized to complete this form. PLEASE CHECK ONE OF THE FOLLOWING \perp YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property. NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property. We could not afford to make Proposed samples that may be collected from my property include the following: Potable Well - Does your well have a treatment system? (Yes/No) Soil Groundwater _X_ Other (Include Description) <u>Crawl Space and/or Basement Air Samples</u> **Analyses:** X VOCs **SVOCs Metals** Pesticides ___ Other Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040. **George Adams, NCDWM** 610 East Center Avenue # 301



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DONALD R. VAN DER VART

MRO - IHSB

MICHAEL SCOTT

Acting Director

I am the owner of the property located at 225 By am authorized to complete this form.	nRagunanton, NC, and I
PLEASE CHECK <u>ONE</u> OF THE FOLLOWING	
YES, I grant the Division of Waste Management and/or its	contractors permission to access my
property and collect samples (as described below) from my pr	operty.
NO, I do not grant the Division of Waste Management and	or its contractors permission to access
my property and collect samples from my property.	
Proposed samples that may be collected from my property inc	lude the following:
Potable Well - Does your well have a treatment system	? (Yes/No)
Soil	
Groundwater	
X Other (Include Description) Crawl Space and/or Bas	ement Air Samples
Analyses: X_VOCs SVOCs Metals	Pesticides Other
Terrell R. Sweet	704-732-8296
(Print Name)	(Telephone Number)
Dunell & Dweet	4/5/2016
(Signature)	(Date)
Please return a completed form by April 15, 2016 by using the envelope and sending it to the address below or by fax to (704)	
George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115	



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MRO-IHSB

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Governor

DONALD R. VAN DER VART Secretary

MICHAEL SCOTT

Acting Director

10 -	
I am the owner of the property located at $\frac{1971}{5}$ am authorized to complete this form.	DOLLAR Side RL LIMINATION Nand I
PLEASE CHECK <u>ONE</u> OF THE FOLLOWING	
YES, I grant the Division of Waste Management and/or property and collect samples (as described below) from my	
NO, I do not grant the Division of Waste Management a	nd/or its contractors permission to access
my property and collect samples from my property.	,
Proposed samples that may be collected from my property i Potable Well - Does your well have a treatment syst Soil Groundwater X Other (Include Description) Crawl Space and/or B	em? (Yes/No)
Analyses: X VOCs SVOCs Metals	Pesticides Other
(Print Name)	(Telephone Number)
Was Nil	4/1/16
(Signature)	(Date)
Please return a completed form by April 15, 2016 by using envelope and sending it to the address below or by fax to (7	
George Adams, NCDWM 610 East Center Avenue # 301 Mooresville, NC 28115	
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